

SUBCONTRACTOR AFFIRMATION

To be completed by the Qualifier working under the General Contractor, or by Owner-Builder as defined by Florida Statutes.

Permit Number PRBD20211153531

Form Completed By: ☒ Qualifier ☐ Owner-Builder

General Contractor for Project: MR Square Construction, Inc

Check One:

☐ Electrical ☐ Plumbing ☐ Roofing ☒ Mechanical ☐ Septic ☐ Other _____

Jobsite Address: 838 101st AVE N, Naples, Single Family

Qualifier Information (to be completed by the Qualifier)

Name: Justin Bush

Company Name: Nixon Air Conditioning LLC

State License No.: Cac1818786

Phone: 2398778433

Email: Info@nixonairconditioning.com

Acknowledgement:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533.

Signature and Notary

Signature of Qualifier under General Contractor or Owner-Builder: _____

Printed Name of Qualifier under General Contractor or Owner-Builder: Justin Bush

State of Florida County of Collier

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 20th day of January, 20 22, by (printed name of owner or qualifier) Justin Bush

Such person(s) Notary Public must check applicable box:

- ☒ Are personally known to me
☐ Has produced a current drivers license _____
☐ Has produced _____ as identification.

Notary Signature: _____

Upload completed form to the portal under "conditions".

Must Comply with Notarial Law

